RI SOS Filing Number: 201751619570 Date: 10/13/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

| 1. Entity ID Number 000149694 | | 2. Exact name of the Limited Liability Company Lepre Physical Therapy Contract Services, LLC | | | | |
|--|------------------|---|---|-------------------------|-----------------------|--|
| 3. NAICS Code 81) 990 | | Brief description of the character of business conducted in Rhode Island Office and Medical Use | | | | |
| 5. State of Formation | 7 | | | | | |
| Rhode Island | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 67 Wright Lane | | | Jamestown | RI | 02835 | |
| 7. Mailing Address of Limited L | iability Compa | any and Name or | | | | |
| Contact Name Stephen P. Lepre | | | Contact Title Member | Contact Title Member | | |
| Street Address 67 Wright Lane | | | City Jamestown | State RI | Zip 02835 | |
| 8. List ALL managers (names | and addresse: | s) of the Limited | Liability Company, IF APPLICAB | LE - DO NOT LIST I | MEMBERS | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zíp | City | State | Zıp | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zıp | City | State | Zıp | |
| | 1 | ı | | Check the box to i | ndicate an attachment | |
| 9. Resident Agent in Rhode Isla | and. This inforn | nation is currently o | of record with the Department of Stat | e Changes require filir | ng Form 642. | |
| Under penalty of perjury, I de statements, and that all state | | | examined this report, including true and correct. | any accompanyin | g schedules and | |
| Name of Authorized Person | | | | Date | Date | |
| James A. Donnelly | | | | 10-11-2017 | | |
| Signature of Authorized Person | mely | P SHIM | DOCUMENT HERS. | Ι | | |

MAIL TO:

Division of Business Services

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